

FY 2024 LOCAL SHARE CERTIFICATION FOR FUNDING

Western Carolina Community Action d/b/a WNCSource
(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share**</u>
5311 Administrative	\$ <u>183,354</u>	\$ <u>27,503</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ <u>70,416</u>	\$ <u>35,208</u> (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (10%)
Combined Capital	\$ <u>193,000</u>	\$ <u>19,300</u> (10%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
_____	\$ _____	\$ _____ (_ %)
_____	\$ _____	\$ _____ (_ %)
_____	\$ _____	\$ _____ (_ %)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>446,770</u>	\$ <u>82,011</u>
	Total Funding Requests	Total Local Share

****NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Apply to Grant</u>	<u>Amount</u>
<u>HC</u>	<u>5311 Admin</u>	\$ <u>27,503</u>
<u>ROAP</u>	<u>5310 Operating</u>	\$ <u>35,208</u>
<u>HC</u>	<u>Combined Capital</u>	\$ <u>11,402</u>
<u>Agency Unrestricted Fund Combined Capital</u>		\$ <u>7,898</u>
_____	_____	\$ _____
_____	_____	\$ _____

FY 2024 Local Share Certificate (page 2)

_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ <u>82,011</u>

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) **Western Carolina Community Action, Inc d/b/a WNCSource** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2024 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2023**, which has a period of performance of July 1, 2023 – June 30, 2024.

Signature of Authorized Official

Type Name and Title of Authorized Official

Date